

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																										
1 Date of Request: <u>9-13-02</u>		2 Serial/Patent # <u>09/629,074</u>																																																								
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"><input checked="" type="checkbox"/></td><td style="width: 45%;">Filing</td><td style="width: 15%;">4 PAPER NUMBER</td><td style="width: 15%;">5 DATE FILED</td><td style="width: 15%;">6 AMOUNT</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%;">7 TOTAL AMOUNT OF REFUND</td> </tr> <tr> <td></td> <td align="right">\$ <u>390.00</u></td> </tr> </table>					7 TOTAL AMOUNT OF REFUND		\$ <u>390.00</u>
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11 REFUND REQUESTED BY:																																																										
TYPED/PRINTED NAME: <u>Ruth Sydnor</u>		TITLE: <u>LTE</u>																																																								
SIGNATURE: <u>Ruth Sydnor</u>		PHONE: <u>308-9482</u>																																																								
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*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*